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,	Form	990-T	E	Exempt Organ	nization Bus	ine	ss In	come T	ax Return			No 1545-0687	
			For cal	lendar year 2018 or other tax yea			· ·	and ending			Z	018	
	Departn Internal	nent of the Treasury Revenue Service	•	► Go to www Do not enter SSN numbe	.irs.gov/Form990T for in rs on this form as it may						Open to P 50 1(c)(3) (Public Inspection for Organizations Only	
	A [Check box if address changed		Name of organization (Check box if name c	hanged	and see i	nstructions.)		(Emp	oyer identa loyees' tru ictions)	fication number ist, see	
	B Exe	empt under section	Print	BILL & MELINDA GA	ATES FOUNDATION T	RUST					91-1663695		
	X	501(c <u>4(3</u>)	or Type	Number, street, and roon	or suite no. If a P.O. box	c, see ir	struction	S.		E Unrelated business activity code (See instructions.)			
മ	Щ	408(e) 220(e)	.,,,,	P.O. BOX 23350	·			<u> </u>		4			
2019		408A530(a) 529(a)		City or town, state or pro SEATTLE, WA 981		r foreig	n postal c	ode		5230	00		
80		value of all assets		F Group exemption numb		>							
0		46,894,654,		G Check organization typ			ı X	501(c) trust	401(a)	trust		Other trust	
NOV			-	tion's unrelated trades or t	ousinesses.	1			the only (or first) ur			·	
				EE STATEMENT 18					complete Parts I-V.			e,	
ř Dati	des			ice at the end of the previou	us sentence, complete Pa	rts I an	d II, comp	olete a Schedule	M for each addition	al trade	or		
		ness, then complete			-#.l.akad a.a a. a a.a.a						es X		
				poration a subsidiary in an a tifying number of the parer		it-subs	lolary con	trolled group?	> [Ye	es LA	∐ No	
	il The	books are in care of	no roen	INNITER DEGER	it corporation.			Telenh	one number > 2	06-70	9-310	<u> </u>	
	Pär	t le Unrelated	Trac	de or Business Inc	ome	-	(A) Income	(B) Expenses		1	(C) Net	
	با	Gross receipts or sale		-		·	, ···	<i>,</i>		21.05	a GZ		
		ess returns and allov			c Balance	10						"多"。	
•		Cost of goods sold (S		A. line 7)	,	2			1178 418 300	9 3 7 13	10000	360 A 7 AL	
		Gross profit. Subtract		•		3				-			
		Capital gain net incom				48	·	526,380.	[續·議·成]			526,380.	
			•	art II, line 17) (attach Forn	學		-7,949.						
		Capital loss deduction	-	9 3.07 Y 12 24 25 4 9									
	5	ncome (loss) from a	partners	nership or an S corporation (attach statement) 5395,755.								-395,755.	
		Rent income (Schedu			·	6							
	7 -	Unrelated debt-financ	ed incor	ne (Schedule E)		7			*\+				
<u></u>	8	nterest, annuities, roy	alties, a	nd rents from a controlled	organization (Schedule F)	8			, 24,	:			
20.	9	Investment income of	a section	on 501(c)(7), (9), or (17) o	rganization (Schedule G)								
7 W	10	Exploited exempt acti	vity inco	me (Schedule I) -		10	<u> </u>					·	
)(11 .	Advertising income (S	Schedule	e J) ·		11				•			
ب	12	Other income (See in:	struction	ns; attach schedule) ST.	ATEMENT 20	12			可能的無何能			302.	
DE	13	Total. Combine lines	3 throu	gh 12		13	<u> </u>	122,978.				122,978.	
	Par	tː[lː̪ː Deductio	ns No	ot Taken Elsewher	e (See instructions for	or limita	ations on	deductions)					
Ш		• •		utions, deductions must		with 1	ine unrei	ated business	income)				
SCANNED	14		icers, di	rectors, and trustees (Scho	RECEIV	/EC)			14	1	<u>. </u>	
Æ	15	Salaries and wages		ı	1/101		······			15	-		
Ç	16	Repairs and mainten	ance		اها سمير م	2010	S-0S(16		<u> </u>	
GQ)	17	Bad debts	م) لامانياس		NOV 1 3	ZUIS		ł		17			
	18	Interest (attach sche	auie) (s	ee instructions)	L		∫₩			18		10,000.	
	19	Taxes and licenses	000/60	a instructions for limitation	IIII OGDEN	1, U	T	†		19		10,000.	
	20	Depreciation (attach		e instructions for limitation	Tules)			ا ایوا		20			
	21 22	•		ooz) n Schedule A and elsewher	on return			21 22a		22b			
	23	Depletion	anneu U	, ochequie A allu ciocwilci	C OIL I GLUITI			[228]		23	<u> </u>		
	24	Contributions to defe	erred co	mnensation nlans						24	 		
	25	Employee benefit pro		mponoution plans						25			
	26	Excess exempt expe	-	chedule I)					i.	26	_		
	27	Excess readership or	•	•						27	 		
	28	Other deductions (at	•	•						28			
	29	Total deductions. A		•	-					29		10,000.	
	30			ncome before net operating	g loss deduction. Subtrac	t line 2	9 from line	e 13		30		112,978.	
	31			loss arising in tax years be	•					31		· 14 14 14 14 14 14 14 14 14 14 14 14 14	
	32			ncome. Subtract line 31 fro						32		112,978.	
				work Reduction Act Nation					1	T	F	990-T (2018)	





Part I	11 7	otal Unrelated Business Taxable Income					
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	ons)	33		112,	978.
34	Amou	nts paid for disallowed fringes	•	34			
35	Dedu	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 22	35		112,	978.
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of					
	lines	33 and 34		36			
37	Speci	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		1,	000.
38		ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,					
	enter	the smaller of zero or line 36		38			٠0.
Part I	V 1	ax Computation					
39	Organ	izations Taxable as Corporations. Multiply line 38 by 21% (0.21)		- 39			
40	Trust	s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38	from:	<u> </u>			
	X	Tax rate schedule or Schedule D (Form 1041)	>	40			0.
41	Proxy	tax. See instructions	>	41			
42	Alterr	ative minimum tax (trusts only)		42			
43	Tax o	n Noncompliant Facility Income. See instructions		43			
44	_	Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		_	0.
Part \		ax and Payments					
45 a	`Foreı	in tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		_			
b	Other	credits (see instructions) 45b		.			
C		al business credit. Attach Form 3800		-			
d	Credi	for prior year minimum tax (attach Form 8801 or 8827)		-			
е		credits. Add lines 45a through 45d		45e			
46		act line 45e from line 44		46			0.
47			Other (attach schedule)	47			
48		tax. Add lines 46 and 47 (see instructions)		48			٥.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			0.
	-	ents: A 2017 overpayment credited to 2018	100,000	느			
		estimated tax payments 50b					
		eposited with Form 8868		⊣			
		n organizations: Tax paid or withheld at source (see instructions)		⊣ ∣			
		p withholding (see instructions) 50e		⊣			
		for small employer health insurance premiums (attach Form 8941) 50f		⊣ !			
g		credits, adjustments, and payments: Form 2439					
		Form 4136 Other Total ▶ 50g					
51		payments. Add lines 50a through 50g		51		100,	000.
52		ated tax penalty (see instructions). Check if Form 2220 is attached	_	52	,		
53 54		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		53		100.	000
55		the amount of line 54 you want: Credited to 2019 estimated tax	Refunded >	55		100,	0.00.
Part \		Statements Regarding Certain Activities and Other Information (see		7 33			
56	_	time during the 2018 calendar year, did the organization have an interest in or a signature or other at				Yes	No
50		i financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have	•		-	169	110
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co					
	here		ond y		-	<u>x</u>	
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	a foreign trust?		—		x
0,		s," see instructions for other forms the organization may have to file.	, a loroigh trust-				
58		the amount of tax-exempt interest received or accrued during the tax year >\$					
	Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and		ledge and be	elief, it is true,		
Sign	co	rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kno					
Here		Modern Wille 116 19 Letief Financial of	FFICER		discuss this re shown below		/ith
	⋈	Signature of officer Date Title	- "	instructions)		·	No I
		Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN			
Paid			self- employe				
Prepa	rer	JOLENE G. COX Olene D G 11/05/1	9		0235481		
Use C		Firm's name DELOITTE TAX LLP	Firm's EIN		6-106577	72	
U36 C	····y	925 FOURTH AVENUE, SUITE 3300					
		Firm's address SEATTLE, WA 98104-1126	Phone no.	(206) 7	16-7000		

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	1		_ 6	Inventory at end of year	·		6	
2 Purchases	2	,		Cost of goods sold. Su	btract	ine 6		
3 Cost of labor	3			from line 5. Enter here a	and in I	Part I,		_
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquirec	l for resale) apply to		
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?				
Schedule C - Rent Income ((see instructions)	(From Real	Property and	i Per	sonal Property Lo	ease	d With Real Prop	perty	v)
1. Description of property								
(1)								
(2)					•			
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	` of rent for	persona	conal property (if the percentag I property exceeds 50% or if sed on profit or income)) e	3(a) Deductions directl columns 2(a) a	y conne and 2(b)	ected with the income in) (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter			٥.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstr	ictions)				
			;	2. Gross income from		3. Deductions directly conto debt-finan		operty
Description of debt-fit /	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			1				\top	
(2)								
(3)						•		
(4)			1					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	adjusted basis allocable to inced property h schedule)		5. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			T^{-}	%				
(2)				%				
(3)				%_				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		1	٥.	0.
Total dividends-received deductions u	acluded in column	n 8		•				0.



n 990-T (2018) BILL &	Annuitio	o Dovolt	ico one	I Danta	Eram /'a	ntrolla	1 Organiza	tions			$\overline{}$	Page
hedule F - Interest	, Annuitie:	s, Royan	ies, and					tions	(see ins	tructio	ns)	
1. Name of controlled organ	zation	2. Employer identification number		3. Net unr	Controlled O	4. Tota	ons al of specified nents made	include	of column 4 to d in the contration's gross i	olling	6. Deductions directly connected with income in column 5	
					-	 						
··										<u> </u>		
												
						 	±					_
exempt Controlled Orga	anizations	L	1			L		L				
7. Taxable Income		nrelated incom	e (loss)	9. Total	of specified pays	ments	10 Part of colum	nn 9 that	ıs ıncluded	11. C	Deductio	ns directly connecte
	(s	ee instructions)		made		in the controllingross	ng organ Income	zation's	WI	ith incon	ne in column 10
						+						
												•
									·			
	ι						Add colum Enter here and line 8, c		1, Part I,)		here an	mns 6 and 11 d on page 1, Part I, column (B)
ls	A I		·A:	E04/-\/7	1 (0) (17) 0==			0.			
nedule G - Investn	nent incom structions)	ne or a s	ection	5U1(C)(7), (9), or (17) Org	janization					
(ace ii	31100110113)				1	ſ	3. Deduction	ns	4 0 :		\neg	5. Total deductions
1 . ¤	escription of inco	me			2. Amount of	income	directly conne (attach sched		4. Set-	asides chedule)	_	and set-asides (col 3 plus col 4)
											-	
					l							
											+	
					Enter here and Part I, line 9, co	olumn (A)						ter here and on page rt I, line 9, column (B
hedule I - Exploite	d Exempt	Activity	Income	► , Other	Part I, line 9, co	olumn (A)	g Income					
hedule I - Exploite	=	Activity			Than Adv	0 . vertisin	g Income					rt I, line 9, column (B
nedule I - Exploite	etructions) 2. 6 unrelated	Pross business e from	3. Exp dractly co with pro of unre business	enses onnected duction elated	Part I, line 9, co	o. vertisin ne (loss) d trade or olumn 2 in 3) If a e cols 5	g Income 5. Gross inco from activity t is not urrelat business inco	hat ed	6. Exp attribut colur	able to		rt I, line 9, column (B
hedule I - Exploite (see ins	2. 6 unrelated	Pross business e from	3. Exp directly co with pro of unre	enses onnected duction elated	Than Adv 4. Net inconfrom urrelated business (or mains column gain, comput	o. vertisin ne (loss) d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity to is not unrelate	hat ed	attribut	able to		7. Excess exempt expenses (column 6 minus column 5 but not more than
nedule I - Exploite (see ins	2. 6 unrelated	Pross business e from	3. Exp directly co with pro of unre	enses onnected duction elated	Than Adv 4. Net inconfrom urrelated business (or mains column gain, comput	o. vertisin ne (loss) d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity to is not unrelate	hat ed	attribut	able to		7. Excess exempt expenses (column 6 minus column 5 but not more than
nedule I - Exploite (see ins	2. 6 unrelated	Pross business e from	3. Exp directly co with pro of unre	enses onnected duction elated	Than Adv 4. Net inconfrom urrelated business (or mains column gain, comput	o. vertisin ne (loss) d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity to is not unrelate	hat ed	attribut	able to		7. Excess exempt expenses (column 6 minus column 5 but not more than
nedule I - Exploite (see ins	2. Gurrelated incom	Gross I business le from business	3. Exp directly or with pro of unre business	enses onnected duction elated income	Than Adv 4. Net inconfrom urrelated business (or mains column gain, comput	o. vertisin ne (loss) d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity to is not unrelate	hat ed	attribut	able to		7. Excess exempt expenses (column 6 minus column 6 but not more than column 4)
nedule I - Exploite (see ins	2. Gurrelated incom trade or l	Pross business	3. Exp directly co with pro of unre	eenses onnected duction elated is income	Than Adv 4. Net inconfrom urrelated business (or mains column gain, comput	o. vertisin ne (loss) d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity to is not unrelate	hat ed	attribut	able to		7. Excess exempt expenses (column 6 minus column 5 but not more than
(see ins	Enter her page 1 line 10,	Pross business business	3. Exp directly ec- with pro- of univ- business	e and on Part I, col (B)	Than Adv 4. Net inconfrom urrelated business (or mains column gain, comput	o. vertisin ne (loss) d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity to is not unrelate	hat ed	attribut	able to		7. Excess exempt expenses (column 6 minus column 6 minus column 6 column 4) Enter here and on page 1,
1. Description of exploited activity	Enter her page 1 line 10,	Pross business le from business re and on , Part I, col (A) 0. The (see III	3. Exp directly or with pro- of universess.	eenses connected duction elated income e and on Part I, col (B)	Than Adv 4. Net inconfrom urrelate business (cominus colum gain, compute through	o. Vertisin ne (loss) d trade or olumn 2 in 3) If a e cols 5 7	5. Gross inco from activity to is not unrelate	hat ed	attribut	able to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 26
hedule I - Exploite (see ins 1. Description of exploited activity	Enter her page 1 line 10,	Pross business le from business re and on , Part I, col (A) 0. The (see III	3. Exp directly or with pro- of universess.	eenses connected duction elated income e and on Part I, col (B)	Than Adv 4. Net inconfrom urrelate business (cominus colum gain, compute through	o. Vertisin ne (loss) d trade or olumn 2 in 3) If a e cols 5 7	5. Gross inco from activity to is not unrelate	hat ed	attribut	able to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 26
thedule I - Exploite (see ins 1. Description of exploited activity	Enter her page 1 line 10,	Pross business le from business re and on , Part I, col (A) 0. The (see III	3. Exp directly or with pro- of univ- business	eenses connected duction elated income e and on Part I, col (B)	Than Adv 4. Net inconfrom urrelates business (cominus colum gain, comput through through through through (cost 3) if a good (o. vertisin ne (loss) d trade or olumn 2 in 3) If a cols 5 i 7 Basis	5. Gross inco from activity t is not unrelat business inco	hat ed me	attribut	ership	Pai	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 26
1. Description of exploited activity	Enter her page 1 line 10,	re and on , Part I, col (A) 0. The (see III advertising advertising advertising business and the color of th	3. Exp directly or with pro- of univ- business	eenses connected duction elated is income e and on Part I, col (B) 0. S) n a Cons	Than Adv 4. Net inconfrom urrelates business (cominus colum gain, comput through through through through (cost 3) if a good (Department (A) 0. vertisin ne (loss) d trade or olumn 2 in 3) If a e cols 5 i.7 Basis tising gain ol 2 minus gain, comput	5. Gross inco from activity t is not unrelat business inco	hat ed me	attribut colur	ership	Pai	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 26
1. Description of exploited activity Is hedule J - Adverti	Enter her page 1 line 10,	re and on , Part I, col (A) 0. The (see III advertising advertising advertising business and the color of th	3. Exp directly or with pro- of univ- business	eenses connected duction elated is income e and on Part I, col (B) 0. S) n a Cons	Than Adv 4. Net inconfrom urrelates business (cominus colum gain, comput through through through through (cost 3) if a good (Department (A) 0. vertisin ne (loss) d trade or olumn 2 in 3) If a e cols 5 i.7 Basis tising gain ol 2 minus gain, comput	5. Gross inco from activity t is not unrelat business inco	hat ed me	attribut colur	ership	Pai	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 26
1. Description of exploited activity	Enter her page 1 line 10,	re and on , Part I, col (A) 0. The (see III advertising advertising advertising business and the color of th	3. Exp directly or with pro- of univ- business	eenses connected duction elated is income e and on Part I, col (B) 0. S) n a Cons	Than Adv 4. Net inconfrom urrelates business (cominus colum gain, comput through through through through (cost 3) if a good (Department (A) 0. vertisin ne (loss) d trade or olumn 2 in 3) If a e cols 5 i.7 Basis tising gain ol 2 minus gain, comput	5. Gross inco from activity t is not unrelat business inco	hat ed me	attribut colur	ership	Pai	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 26

Form 990-17 (2018) BILL & MELINDA GATES FOUNDATION TRUST 91-1663695 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)		·				
(4)						
Totals from Part I	0.	0.		•		0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	·		•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	*		•	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)	•	%	
(4) SEE STATEMENT 23	•	%	
Total. Enter here and on page 1, Part II, line 14		>	0

Form 990-T (2018)

Page 5

SCHEDULE I (Form 1041)

Department of the Treasury

Internal Revenue Service

Alternative Minimum Tax - Estates and Trusts

➤ Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No 1545-0092

2018

Employer identification number BILL & MELINDA GATES FOUNDATION TRUST 91-1663695 Part I Estate's or Trust's Share of Alternative Minimum Taxable Income 1 1 Adjusted total income or (loss) (from Form 1041, line 17) 2 2 Interest 10,000. 3 Taxes 3 4 Reserved for future use 4 302. 5 Refund of taxes 5 Depletion (difference between regular tax and AMT) 6 SEE STATEMENT 24 112,978. 7 Net operating loss deduction. Enter as a positive amount 8 Interest from specified private activity bonds exempt from the regular tax 8 9 Qualified small business stock (see instructions) 9 10 Exercise of incentive stock options (excess of AMT income over regular tax income) 10 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 11 11 12 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 12 13 Disposition of property (difference between AMT and regular tax gain or loss) 13 14 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 14 15 Passive activities (difference between AMT and regular tax income or loss) 15 16 Loss limitations (difference between AMT and regular tax income or loss) 16 Circulation costs (difference between regular tax and AMT) 17 17 18 Long-term contracts (difference between AMT and regular tax income) 18 19 Mining costs (difference between regular tax and AMT) 19 20 Research and experimental costs (difference between regular tax and AMT) 20 21 Income from certain installment sales before January 1, 1987 21 22 22 Intangible drilling costs preference 23 Other adjustments, including income-based related adjustments 110,408.) STATEMENT 25 24 Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) 24 STATEMENT 26 12,268. 25 25 Adjusted alternative minimum taxable income. Combine lines 1 through 24 Note: Complete Part II below before going to line 26. 26 Income distribution deduction from Part II, line 44 N/A 26 N/A 27 Estate tax deduction (from Form 1041, line 19) 28 Add lines 26 and 27 12,268. 29 Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 29 If line 29 is: \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax. Over \$24,600, but less than \$180,300, go to line 45. \$180,300 or more, enter the amount from line 29 on line 51 and go to line 52 Part II Income Distribution Deduction on a Minimum Tax Basis N/A 30 30 Adjusted alternative minimum taxable income (see instructions) 31 Adjusted tax-exempt interest (other than amounts included on line 8) 31 32 32 Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-33 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4) 33 34 34 Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) 35 Capital gains computed on a minimum tax basis included on line 25 35

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

42 Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40

38 Income required to be distributed currently (from Form 1041, Schedule B, line 9)

41 Tax-exempt income included on line 40 (other than amounts included on line 8)

36 Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount

37 Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-

39 Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)

Schedule I (Form 1041) (2018)

36

37

38

39 40

41 42

40 Total distributions, Add lines 38 and 39

Sche	dule! (Form 1041) (2018) BILL & MELINDA GATES FOUNDATION TRUST		91-1663695 Pag				
Pa	rt II Income Distribution Deduction on a Minimum Tax Basis	(conti	nued)		N/A		
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 3	17.					
	If zero or less, enter -0-				43		
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line	43.					
	Enter here and on line 26				44		
Pa	rt III Alternative Minimum Tax						_
45	Exemption amount .		•		45	\$24,600	00
46	Enter the amount from line 29	46					
47	Phase-out of exemption amount	47	\$81,900 00				
48	Subtract line 47 from line 46. If zero or less, enter -0-	48					
49	Multiply line 48 by 25% (0.25)				49		
50	Subtract line 49 from line 45. If zero or less, enter -0-				50		
	Subtract line 50 from line 46				51		
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or ha	-					
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise	e, if line	: 51 is -		l l		
	• \$191,100 or less, multiply line 51 by 26% (0.26).						
	 Over \$191,100, multiply line 51 by 28% (0.28) and subtract \$3,822 from the result 		•	-	52		
53	Alternative minimum foreign tax credit (see instructions)				53		
54	Tentative minimum tax, Subtract line 53 from line 52		- 1		54		
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedu	-	•		55		
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here	and or	1		<u> </u>		
īD.	Form 1041, Schedule G, line 1c				56		
IFC	rt IV Line 52 Computation Using Maximum Capital Gains Rate				ı		
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Work						
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instruction	ons					
E 7	before completing this part.				,,		
57		ı			57		
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for						
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58					
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2)	130			1		
33	(as refigured for the AMT, if necessary). If you didn't complete						
	Schedule D for the regular tax or the AMT, enter -0-	59					
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the	"			1		
	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter						
	the smaller of that result or the amount from line 10 of the Schedule D Tax						١
	Worksheet (as refigured for the AMT, if necessary)	60					,
61	Enter the smaller of line 57 or line 60		·		61		
62	Subtract line 61 from line 57				62		
63	If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by						
	28% (0.28) and subtract \$3,822 from the result				63		
64	Maximum amount subject to the 0% rate	64	\$2,600 00				
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D]		
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions						
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't						
	complete Schedule D or either worksheet for the regular tax, enter the amount						
	from Form 1041, line 22; if zero or less, enter -0-		1 1				
66	Subtract line 65 from line 64. If zero or less, enter -0-		1 1				
67	Enter the smaller of line 57 or line 58		ļ l				
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	_68_			↓		
69	Subtract line 68 from line 67	69	<u> </u>				

819862 12-13-18 Schedule I (Form 1041) (2018)

Sche	dule I (Form 1041) (2018)				Page 3
Pa	rt IV Line 52 Computation Using Maximum Capital Gains Rate	s (con	tınued)		
70	Maximum amount subject to rates below 20%	70	\$12,700 00		
71	Enter the amount from line 66	71			
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the				
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax				
	Worksheet, whichever applies (as figured for the regular tax). If you				
	didn't complete Schedule D or either worksheet for the regular tax, enter				
	the amount from Form 1041, line 22; if zero or less, enter -0-	72	_		
73	Add line 71 and line 72	73] '	
74	Subtract line 73 from line 70. If zero or less, enter -0-	74			
75	Enter the smaller of line 69 or 74	75			
76	Multiply line 75 by 15% (0.15)		>	76	
77	Add lines 68 and 75	77	·]	
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go	to line 78			
78	Subtract line 77 from line 67	78			
79	Multiply line 78 by 20% (0.20)		>	79	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line	80.			
80	Add lines 62, 77, and 78	80			
81	Subtract line 80 from line 57	81			
82	Multiply line 81 by 25% (0.25)		>	82	
83	Add lines 63, 76, 79, and 82			83	
84	If line 57 is \$191,100 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 2	8% (0.28	,		
	and subtract \$3,822 from the result			84	
85	Enter the smaller of line 83 or line 84 here and on line 52			85	

Schedule I (Form 1041) (2018)





SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

BILL & MELINDA GATES FOUNDATION TRUST

Employer identification number

91-1663695 Note: Form 5227 filers need to complete only Parts I and II.

Part I Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (See instructions)

	rm may be easier to complete if you round off cents to whole dollars.	Proceeds Cost		(g) Adjustment to gain or loss Form(s) 8949, I line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for	-	•			
	which basis was reported to the IRS and for which you have no			1		
	adjustments (see instructions). However, if you choose to report all			l		
	these transactions on Form 8949, leave this line blank and go to line 1b					
	Totals for all transactions reported on Form(s) 8949 with					
-	Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with			İ		
_	Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with					
•	Box C checked					
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	ı			4	
5	Net short-term gain or (loss) from partnerships, S corporations, and othe	r estates or trusts			5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of	the 2017 Capital Loss				
	Carryover Worksheet				6	()
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	ımn (h). Enter here and	d on line 17,			
	column (3) on page 2				7	
Pa	rt II Long-Term Capital Gains and Losses-Gene	erally Assets He	eld More Than C	One Year (S	See ir	structions)
	structions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, I line 2, columi	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a	Totals for all long-term transactions reported on Form 1099-B for					
0.0	which basis was reported to the IRS and for which you have no					
	adjustments (see instructions). However, if you choose to report all		,			
	these transactions on Form 8949, leave this line blank and go to line 8b					
	Totals for all transactions reported on Form(s) 8949 with			1		
0 0	• • • • • • • • • • • • • • • • • • • •			}		
	Box D checked Totals for all transactions reported on Form(s) 8949 with	l	<u> </u>	†		
9	, , ,					
	Box E checked Table for all transactions specified on Form(s) 9040 with		 	 		
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked		<u>. </u>	.1		
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	d 8824			11	
12	Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts	SEE STATEMENT	27	12	526,380.
13	Capital gain distributions				13_	-
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 or	f the 2017 Canital Loss	s		ٺ	
10	Carryover Worksheet	20 11 Ouphui 203	-		15	١,
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in col	lumn (h). Enter here ar	nd on line 18a		۳.,	,
	column (3) on page 2	(/ ui		•	16	526,380.

Sch	nedule D (Form 1041) 2018 BILL & MELINDA GATES	FOU	NDATION TRUST					91-	-166369	95 Page 2
	Part III Summary of Parts I and II				7	1) Beneficiaries'	(2) E	state	's	(3) Total
	Caution: Read the instructions before com	nletini	this nart		│ `	1,20		trust's		(0) 10141
17		, COLORINA		17		-				
18	Net long-term gain or (loss):		e. Yk		Г				T	
	a Total for year		/ N	18a		1		526	,380.	526,380.
	b Unrecaptured section 1250 gain (see line 18 of the works	sheet)		18b						
	c 28% rate gain			18c						
19	Total net gain or (loss). Combine lines 17 and 18a		•	19				526	,380.	526,380.
Not	e: If line 19, column (3), is a net gain, enter the gain o	n Forn	n 1041, line 4 (or Form 9	90-T,	Par	t I, line 4a) If lines	18a and	119,	column	(2), are net gains,
go	to Part V, and don't complete Part IV If line 19, colun	nn (3),	is a net loss, complete F	Part IV	anc	the Capital Loss Ca	rryover	Work	sheet, á	as necessary
F	Part IV Capital Loss Limitation								,	
	Enter here and enter as a (loss) on Form 1041, line 4 (or	Form 9	990-T, Part I, line 4c, if a tri	ust), th	ie si	maller of:				
	a The loss on line 19, column (3) or b \$3,000						L	20	<u> </u>)
	le: If the loss on line 19, column (3), is more than \$3,0 is Carryover Worksheet in the instructions to figure you			ne 22 (or I	Form 990-T, line 38), is a lo	ss, c	complete	the Capital
F	Part V Tax Computation Using Maxim	num	Capital Gains Rate	es						
For	m 1041 filers. Complete this part only if both lines 18a an	d 19 in	column (2) are gains, or ar	amou	nt is	entered in Part I or F	Part II an	d the	re is an e	ntry on Form 1041,
lıne	2b(2), and Form 1041, line 22, is more than zero.									
Cau	ition: Skip this part and complete the Schedule D Tax	Workst	neet in the instructions if	•						
•	Either line 18b, col (2) or line 18c, col (2) is more that	an zero	o, or							
	Both Form 1041, line 2b(1), and Form 4952, line 4g a									
	m 990-T trusts. Complete this part only if both lines 18a a									
38,	is more than zero. Skip this part and complete the Schedu	ile D Ta	x Worksheet in the instru	ctions i	f eit	her line 18b, col. (2)	or line 1	<u>Bc, cc</u>	ol. (2) is r	nore than zero.
21	Enter taxable income from Form 1041, line 22 (or Form 9	90-T, lı	ne 38)	21	Ц					
22	Enter the smaller of line 18a or 19 in column (2)		l					;		
	but not less than zero	22		_						
23	Enter the estate's or trust's qualified dividends from			1						
	Form 1041, line 2b(2) (or enter the qualified dividends									
	included in income in Part I of Form 990-T)	23		4	ı					
24	Add lines 22 and 23	24		4						
25	If the estate or trust is filing Form 4952, enter the				Ì				•	
	amount from line 4g; otherwise, enter -0-	25			-		i		1	
	Subtract line 25 from line 24. If zero or less, enter -0-			26	_					
	Subtract line 26 from line 21. If zero or less, enter -0-			27	\neg					
	Enter the smaller of the amount on line 21 or \$2,600			28	_					
	Enter the smaller of the amount on line 27 or line 28			29	9				-	
	Subtract line 29 from line 28. If zero or less, enter -0 Th	iis amoi	unt is taxed at 0%	1	1		•	30	├ ──	
	Enter the smaller of line 21 or line 26			31	_		\longrightarrow			
	Subtract line 30 from line 26			32	_		\longrightarrow			
	Enter the smaller of line 21 or \$12,700			33	_				1	
	Add lines 27 and 30			34	_				1	
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	\neg	_ .			1	
36				36	5				-	
37				۱	. 1			37	 	
38				38		. ,				
	Add lines 30 and 36			39			\dashv			
	Subtract line 39 from line 38. If zero or less, enter -0-			40	J				-	
	Multiply line 40 by 20% (0.20)	Deta 1	Pohadula for Estatas	1	1			41	+	
42	Figure the tax on the amount on line 27. Use the 2018 Tax				,		ļ			
40	and Trusts (see the Schedule G instructions in the instruc	วแอกร โด	UI FUITII 1041)	42	\neg					
	Add lines 37, 41, and 42	v Deta 1	Cabadula for Catataa	43	+					
44	Figure the tax on the amount on line 21. Use the 2018 Tax								1	
4-	and Trusts (see the Schedule G instructions in the instruc		•	Sabadi	_				-	
43	- Lay no all tayanie income - Fillet life Smallet ()† lifte 4.5 (or othe 4	•• DELE AUG ON FORM 104 L.	acarear	ᄖ					



FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT 18

THE PRIMARY UNRELATED BUSINESS ACTIVITY IS CONDUCTED WITHIN PASSIVE INVESTMENT PARTNERSHIPS IN WHICH THE BILL & MELINDA GATES FOUNDATION TRUST HOLDS AN INTEREST.

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 19
DESCRIPTION		NET INCOME OR (LOSS)
INCOME (LOSS)	STER HOLDINGS, LLC - ORDINARY BUSINESS	-108,542.
BUSINESS INCOME (LOS		-165,719.
ORDINARY BUSINESS IN	SQUARE CAPITAL PARTNERS II, LP - CO RIVATE EDUCATION LOAN TRUST 2014-A -	-62,930,
ORDINARY BUSINESS I	EA ONE, LP - ORDINARY BUSINESS INCOME	-43,506,
(LOSS)	IN ONE, EL ORDINARI BODINEDO INCOME	^ -15,058.
TOTAL INCLUDED ON FO	RM 990-T, PAGE 1, LINE 5	-395,755,
	,	
FORM 990-T	OTHER INCOME	STATEMENT 20
DESCRIPTION		AMOUNT
STATE TAX REFUNDS	,	302
TOTAL TO FORM 990-T,	PAGE 1, LINE 12	302



THE WINDERSON CONTRACTOR

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 21

NAME OF COUNTRY

BRAZIL

CHILE

CHINA

COLOMBIA

CZECH REPUBLIC

DENMARK

EGYPT

UNITED KINGDOM

GHANA

GREECE

HONG KONG

HUNGARY

INDONESIA

ISRAEL

INDIA

JAPAN

MALAYSIA

PHILIPPINES

POLAND

THAILAND

TURKEY

TAIWAN

VIETNAM ARGENTINA

KOREA (SOUTH)

URUGUAY

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 22
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	353.	0.	353.	353.
12/31/09	15,323.	0.	15,323.	15,323.
12/31/10	57,959.	0.	57,959.	57,959.
12/31/11	333.	0.	333.	333.
12/31/12	5,930.	0.	5,930.	5,930.
12/31/13	4,153.	0.	4,153.	4,153.
12/31/14	7,773.	0.	7,773.	7,773.
12/31/15	245,765.	0.	245,765.	245,765.
12/31/16	9,384.	0.	9,384.	9,384.
12/31/17	8,291.	0.	8,291.	8,291.
NOL CARRYO	VER AVAILABLE THIS	YEAR	355,264.	355,264.

BILL & MELINDA GATES FOUNDATION TRUST

FORM 990-T SCHEDULE K - COMPENSATION OF OFFICERS, STATE DIRECTORS AND TRUSTEES					
NAME	TITLE	PERCENT	COMPENSATION		
WILLIAM H. GATES, III	TRUSTEE AND CEO	*60°.			
MELINDA FRENCH GATES	TRUSTEE	.00%			
JIM BROMLEY (END 6/2/2018)	CHIEF FINANCIAL				
	OFFICER	.00%			
CAROLYN AINSLIE (START	CHIEF FINANCIAL				
10/1/2018)	OFFICER	.00%			
KEITH TRAVERSE	SECRETARY	.00%			
MICHAEL LARSON	LLC MANAGER	.00%			

355,264.

TOTAL TO SCHEDULE I, LINE 7

SCHEDULE I NET		OPERATING LOSS	CARRYOVER	STATEMENT 24	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED		AMOUNT	
12/31/08	353.		0.	353	
12/31/09	15,323.		0.	15,323	
12/31/10	57,959.		0.	57,959	
12/31/11	333.		0.	333	
12/31/12	5,930.		0.	5,930	
12/31/13	4,153.		0.	4,153	
12/31/14	7,773.		0.	7,773	
12/31/15	245,765.		0.	245,765	
12/31/16	9,384.		0.	9,384	
12/31/17	8,291.		0.	8,291	

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/08	353.	0.	353.
12/31/09	15,323.	0.	15,323.
12/31/10	57,959.	0.	57,959.
12/31/11	333.	0.	333.
12/31/12	5,930.	0.	5,930.
12/31/13	4,153.	0.	4,153.
12/31/14	7,773.	0.	7,773.
12/31/15	245,765.	0.	245,765.
12/31/16	9,384.	0.	9,384.
12/31/17	8,291.	0.	8,291.
	SCHEDULE I, LINE 24 CT TO LIMITATION		355,264

				λ
SCHEDULE I		K NET OPERATING I O COMPUTATION OF		STATEMENT 26
DESCRIPTION		TOTAL AMT NOL CARRYFORWARD	AMT NOL USED THIS YEAR	UNUSED AMT NOL CARRYFORWARD
AMT NOL CARRYFO	RWARD	355,264.	110,408.	244,856.
TOTAL TO SCHEDU	LE I, LINE 24		110,408.	244,856.

BILL & MELINDA GATES FOUNDATION TRUST EIN # 91-1663695 FORM 990-T

CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE FOR THE YEAR ENDED DECEMBER 31, 2018

YEAR END	CONTRIBUTIONS SUBJECT TO 60% LIMITATION	CONTRIBUTIONS SUBJECT TO 50% LIMITATION	CONTRIBUTIONS SUBJECT TO 30% LIMITATION	CURRENT YEAR AMOUNT UTILIZED	50% LIMITATION CARRYFORWARD	30% LIMITATION CARRYFORWARD	60% LIMITATION CARRYFORWARD
12/31/14		324	2,283,500,000	-	324	2,283,500,000	-
12/31/15		303	2,350,000,000	-	303	2,350,000,000	-
12/31/16		205	2,185,000,000	-	205	2,185,000,000	-
12/31/17		135	2,502,000,000	-	135	2,502,000,000	-
12/31/18	32		2,835,000,000		-	2,835,000,000	32
TOTAL	^			\$ -	\$ 967	\$ 12,155,500,000	\$ 32

TOTAL CARRYFORWARD TO 12/31/2019:

12,155,500,999

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS			STATEMENT 27	
DESCRIPTION OF ACTIVITY		GAIN	OR LOSS	28% GAIN	
TOWER SQUARE CA	PITAL PARTNERS III		526,380.		
TOTAL TO SCHEDU	LE D, PART II, LINE 12	•	526,380.		